Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte
Seirbhís Aisíoca Príomhchúraim
Bealach amach 5 an M50
An Bóthar Thuaidh
Fionnghlas
Baile Átha Cliath 11

Guthán: (01) 864 7100
Facs: (01) 834 3589

Health Service Executive
Primary Care Reimbursement Service
Exit 5, M50
North Road
Finglas
Dublin 11

Tel: (01) 864 7100
Fax: (01) 834 3589

Circular 010/12 25th July 2012

Dear Community Pharmacist,

The HSE has approved reimbursement for Dabigatran and Rivaroxaban for their further indication(s) in circumstances where one of the products is used as a second line therapy when warfarin may not be appropriate.

These are the first of the new agents which probably represent the future for anticoagulation therapy. However they do present significant clinical, financial and operational challenges.

Warfarin remains the recommended first line agent reimbursed (including for newly diagnosed patients). Dabigatran or Rivaroxaban should be reserved for:

1. **Existing patients on Warfarin with poor INR control despite adhering to monitoring and lifestyle requirements and documented attempts to optimise Warfarin therapy.**
2. **Existing patients who require regular periodic treatment with medicines that are known to interact with Warfarin.**
3. **Patients with a documented allergy to Warfarin.**

Patient specific applications for reimbursement will be required from the physician responsible for the management of the patient's anticoagulation in each 'de novo' case prior to reimbursement approval. An application form for individual reimbursement has been developed in conjunction with the Clinical Strategy & Programmes Directorate to capture pertinent information. The form to request Individual Reimbursement Approval can be accessed in the coming days from www.pcrs.ie (online services) or by emailing pharmacy.response@hse.ie. A copy is included for your information.

The requirement for individual applications prior to reimbursement in the first phase of introduction of these new agents is designed to manage the financial challenges faced. Your cooperation is requested to ensure sufficient funding is available to support existing services provided by the HSE whilst also managing the introduction of these new agents.

Clinical experts have been requested to develop appropriate national protocols to guide reversal of excess anticoagulation / overdose and management of planned and emergency procedures.

A separate communication has been issued to the hospital system. The HSE will continue to update you in relation to these matters.

Yours sincerely,

Patrick Burke
Primary Care Reimbursement Service

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Application Form for Individual Patient Reimbursement of a New Oral Anticoagulant by PCRS

All Sections must be completed in block capitals by the Prescriber responsible for Anticoagulation
All contact details must be provided so that formal decision notification can be issued
Form must be returned to the Primary Care Reimbursement Service, Exit 5, M50, Finglas, Dublin 11

Patient Name	
Patient Date of Birth (DDMMYYYY)	
Patient Address	
Patient Identifier (at least one must be provided)	**GMS Number (Medical Card Number)** **DPS Number (Drugs Payment Scheme)** **PPS Number**
Physician Responsible for Management of Anticoagulation	
Medical Council Registration Number	
Department / Speciality	
Hospital	
Address	
Prescriber Contact Details	Landline: Mobile: Email Address: Signature
Name of Oral Anticoagulant being requested	
Dose of oral anticoagulant	
Duration of anticoagulant therapy	
Specific Indication to be treated	
Please indicate (√) whether the patient has previously received Warfarin	Yes ☐ No ☐

Reason for switch to or de novo treatment with new oral anticoagulant (please provide written details plus specific information in relation to INR control, interacting medicines and / or details of documented allergy to warfarin)											
If the reason claimed is poor INR control please list the last 5 INRs and the actions taken to optimise INR control	Date 1 (DDMMYYYY)									INR 1	
	Date 2 (DDMMYYYY)									INR 2	
	Date 3 (DDMMYYYY)									INR 3	
	Date 4 (DDMMYYYY)									INR 4	
	Date 5 (DDMMYYYY)									INR 5	
Actions taken to optimise INR control											

If the reason claimed is poor INR control secondary to unmanageable drug interaction(s) due to the ongoing prescription of (an)other essential medicine(s) please provide details of that medicine(s) and the reason(s) for its usage	
Medicine 1 & reason for use	
Medicine 2 & reason for use	
Medicine 3 & reason for use	
Medicine 4 & reason for use	
Medicine 5 & reason for use	

If the reason claimed is allergy to warfarin please provide specific details including date of reporting to Irish Medicines Board

For PCRS use only									
Date request received (DDMMYYYY)									
Is form completed in full?	Yes			No					
Does the request fall within PCRS authority?	Yes			No					
Decision Made									
Decision notified to Patient	Yes			Date					
Decision notified to Prescriber	Yes			Date					